VOLUNTEER NAME:_____

VOLUNTEER SERVICE RECORD & FIELD REPORT

DATE	LOCATION	VOLUNTEER ACTIVITIES	TOTAL HOURS

TOTAL:

Field Reporting: During your activities you may have contributed to project goals in some of the following ways. Please indicate the number of times you have completed any of the following, as well as any details you would like to share. If you have participated in activities that are not on this list, please list and quantify in the comments area or on the back of this page.

___Community Presentations_____

___Disaster Preparedness Info Distributed_____

___Phone & In-Person Contacts with Neighbors _____

___Supplies Distributed to Neighbors_____

___Personal Disaster Plans Developed_____

___Volunteers Trained _____

___Volunteer development & team meetings_____

___Contacts referred to be KIND volunteers _____

___Donations Requested/Received (circle one)_____

Comments/Suggestions:

_____

_____

_____

_____

In order to maintain accurate records, a copy of your time sheet/field report should be submitted to the Volunteer Center once every month. If you would like an update on your current record of service, call or email the EPRO Coordinator. You can submit hours in person, by fax, or by mail by the 5th of each month.

VolunteerLEON
918 Railroad Ave.
Tallahassee, FL 32310

Phone: 606-1970 – Fax: 606-1971
Prenticem@leoncountyfl.gov

www.VolunteerLEON.org/KIND